

Opioid Overdose: Prevent, Recognize & Treat Fact Sheet

PREVENT an opioid overdose:

Do not use alone - If you overdose there will be nobody there to help you

- Fix with a friend (do not share equipment); leave the door unlocked

Be careful mixing - most overdose deaths occur when multiple drugs have been taken

- Anyone can overdose; there is no way to determine how much of a certain drug, or combination of drugs, will lead to an overdose.
- Use one drug at a time or use less of each drug if you are mixing.
- Avoid using depressants like alcohol or benzodiazepines while using drugs.

Be aware of changes in tolerance – reduce your use when your tolerance is down

- When you use opioids regularly, your body develops tolerance to a drug, and you need to use more for the same effect. Your tolerance can go down for several reasons and using the same amount as before can kill you, for example,
 - if you have a physical change e.g. loss of weight, illness such as hepatitis, stress, age
 - if you have taken a break from using—even for just 2 or 3 days—either on purpose (in treatment) or unintentionally (in hospital or jail)—there's a higher risk of overdose during the first 2 weeks after a break.
- You may react differently to a drug if you use more of it, use it more often, use it in an unfamiliar place, change the way you use it (snorting / chewing / swallowing / patch / IV), or if it's laced with an unknown substance, for example, fentanyl: 100 times stronger than morphine.

Be cautious with a new dealer / new supply / new drug

- The quality and strength of illegal drugs is unknown.
- Carefully check out a new product. Does it look, taste and smell normal? Test it first—inject a small amount or snort the first hit to test the strength. **You can always take more.**

RECOGNIZE an opioid overdose:

- Opioid overdose can slow or stop breathing and make the victim pass out.
- They might make deep snoring or gurgling sounds, vomit or have a seizure. Their lips and / or fingernails may turn blue from lack of oxygen, pupils may be pinpoint and skin cold / clammy.
- See if you can wake up the victim by shaking their shoulders, shouting their name and pressing your knuckles into their chest bone or upper lip. If they do not respond, and their body is limp, they have likely taken an overdose.

What does NOT help a possible overdose victim?

- Do **not** put them in cold water or a bath—they could drown or go into shock.
- Do **not** make them vomit—they could choke.
- Do **not** inject them with anything other than Naloxone, for example, saltwater, cocaine, milk.
- Do **not** slap them or burn the bottoms of their feet—it could hurt them.
- Do **not** let them sleep it off because they could stop breathing and die.

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TREAT an opioid overdose:

STEP 1: Shake & Shout: If you can't wake them up, it is likely an overdose.

STEP 2: Call 911: Tell someone to **Call 911 and then find the Naloxone Kit** while you start Rescue Breathing (Step 4), or if you are alone, **Call 911**, yourself, give 2 rescue breaths and then get the Naloxone Kit.

- **Remember:** If you ever need to leave the victim alone, place them in the Recovery Position.
- Tell 911 specific details about victim, e.g. not responding, not breathing or lips turning blue, so they will know it is a life-threatening emergency. You do not have to tell them your name.
- Describe **exactly** where you are—the address / room number / specific room. Make sure the door is unlocked. If you are outside, give them the nearest street intersection and a landmark.
- **Remember:** Naloxone only lasts for 30 to 90 minutes, so Call 911 **before** you give it.

STEP 3: Give Naloxone, even if you are not sure it's an opioid overdose:

- Place victim on their back and support neck to allow the head to tilt back.
- Peel back the package to remove the nasal spray device. Hold it with your thumb on the bottom of the plunger and 2 fingers on the nozzle.
- Place the tip of the nozzle in one nostril until your fingers touch the bottom of the victim's nose.
- Press the plunger firmly to release the dose into the victim's nose, and discard the device.

STEP 4: Rescue Breathing and / or Chest Compressions, if possible, should be started.

- Look, listen and feel—ear to mouth and eyes to chest. If the victim has stopped breathing, or even if their breathing is shallow or slow—e.g. every 5 to 10 seconds, start Rescue Breathing.
- Check to see if there is anything in the victim's mouth blocking their airway (use gloves, if you prefer), e.g. gum, pills, syringe cap, patch; remove it; and open the rescue breathing barrier.
- Place them on their back, tilt their head back to open their airway, pinch their nose and start rescue breathing into their mouth.
- Give 1 big breath every 5 seconds and continue until they start breathing on their own, or paramedics arrive. Make sure their chest rises with each breath; if not, reposition and recheck.
- If a helper is present, they should start Chest Compressions right after Shake and Shout, if the victim is unresponsive.
- Push hard and fast in the middle of the chest (armpit level), with straight arms / locked hands, about 100 compressions per minute.

STEP 5: Repeat Naloxone: If the victim does not wake up or resume normal breathing after 2 to 3 minutes, open the other package of nasal spray Naloxone and give it in the other nostril. Continue with chest compressions until paramedics arrive (and rescue breathing if you have a helper familiar with CPR).

- **Remember:** After they wake up, the victim may go right into withdrawal. Do **not** allow them to use drugs again. Say, **"It's a waste of drugs and money and like putting gas on a fire."**

Adapted from Leeds, Grenville & Lanark Naloxone; OHRP; harm reduction coalition; Kingston Street Health

Other questions? Talk to your health care provider or call our Lifesaver/Needle Exchange Program at 613-966-5500 or Toll Free 1-800-267-2803; TTY: Dial 711; website www.hpepublichealth.ca

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